UEG Week Press Release

New pill-only regimens cure patients with hardest-to-treat hepatitis C infection.

(Vienna, October 18, 2014) Two new pill-only regimens that rapidly cure most patients with genotype 1 hepatitis C (HCV) infection could soon be widely prescribed across Europe. Two recently-published studies\(^1,2\) confirmed the efficacy and safety of combination therapy with two oral direct-acting antiviral agents (DAAs), with around 90% of patients cured after just 12-weeks of treatment.

At the 22\textsuperscript{nd} United European Gastroenterology Week (UEG Week 2014) in Vienna, Austria, Professor Michael P. Manns from Hannover Medical School in Germany will be presenting this data and says this represents a massive step forward in the treatment of this life-threatening infection. “These new pill-only regimens have the potential to offer more effective, safer and faster virus eradication than current therapies, even in traditionally hard-to-cure patients,” he says. “We hope that a pill-only regimen will encourage more people to come forward and accept treatment so we can one day eradicate this deadly virus.”

Burden of hepatitis C infection

Hepatitis C virus (HCV) infection is a global epidemic, with more than 180 million people thought to have chronic HCV infection worldwide. HCV genotype 1 represents the majority of infections in Europe and is considered the most difficult to cure. Until recently, the standard of care for chronic HCV genotype 1 infection involved a combination of drugs, was associated with severe side-effects and involved complicated injection and tablet regimens lasting up to 1 year.

“These treatment regimens, although effective, are difficult to manage and poorly tolerated by many patients, and some clinicians won’t even use them,” says Prof. Manns. “We desperately need simpler treatment regimens that are highly effective, that can be used in more patients, and that do not cause such severe toxicity.”

New pill-only regimens

Two recently-published studies used different combinations of oral antivirals to treat patients with chronic HCV genotype 1 infection. In the first study – called the HALLMARK-DUAL study\(^1\) – 645 patients with HCV genotype 1b infection received an NS3 protease inhibitor twice-daily plus once-daily NS5A replication complex inhibitor or placebo. Twelve weeks after the end of a 24 week treatment period (the primary endpoint), the combination regimen had provided a sustained virological response (SVR) – which is considered a cure – in 90% of previously untreated patients and 82% of patients who had failed to respond to, or could not tolerate, their previous treatment.

“This is a vast improvement over standard triple therapy, with efficacy observed across the board – even in patients with liver cirrhosis and those who have failed other treatments,” says Prof. Manns. “The combination treatment was also well tolerated by most patients.”
In a second study – called the COSMOS study\(^2\) – 167 patients with HCV genotype 1a and 1b infection were randomized and treated with a second generation NS3/4A protease inhibitor once-daily plus a NS5B polymerase inhibitor once-daily with or without ribavirin. After 12 weeks of treatment, 93% of patients (including those with cirrhosis and interferon non-responders) had achieved an SVR. Again, the combination regimen was well tolerated, with less than 2% of patients reporting serious adverse events or withdrawing from treatment because of adverse events.

“The results from these two studies suggest that interferon- and ribavirin- based treatment for chronic HCV infection may soon become a thing of the past,” says Prof. Manns. “With several more pill only regimens having also been reported this year, this is a key moment in the history of HCV treatment and represents an important step towards universally effective, needle-free treatments for HCV.”\(^3,4,5\)

References

Notes to Editors

About UEG Week
UEG Week is the largest and most prestigious gastroenterology meeting in Europe and has developed into a global congress. It attracts over 14,000 participants each year, from more than 120 countries, and numbers are steadily rising. UEG Week provides a forum for basic and clinical scientists from across the globe to present their latest research in digestive and liver diseases, and also features a two-day postgraduate course that brings together top lecturers in their fields for a weekend of interactive learning.

From October 18-22, 2014, UEG will connect everyone to its annual meeting via livestream on www.ueg.eu. State-of-the-art lectures of Europe’s largest GI meeting may be followed online from around the world. Include #UEGWeek in your tweets. UEG Week 24/7 features all recorded sessions from UEG Week and provides convenient and direct access to the complete congress material, including E-posters and abstracts.

About UEG
UEG, or United European Gastroenterology, is a professional non-profit organisation combining all the leading European societies concerned with digestive diseases. Together, its member societies represent over 22,000 specialists, working across medicine, surgery, paediatrics, gastrointestinal oncology and endoscopy. This makes UEG the most comprehensive organisation of its kind in the world, and a unique platform for collaboration and the exchange of knowledge.

To advance standards of gastroenterological care and knowledge across Europe and the world, UEG offers numerous activities and initiatives besides UEG Week, including:

- **UEG Education**, the universal source of knowledge in gastroenterology, providing online and classroom courses, a huge online library and delivering the latest GI news, fostering debate and discussion
- **Training Support**, funding for innovative training and educational programmes, as well as international scientific and professional co-operations
- **UEG Journal**, published bi-monthly, covering translational and clinical studies from all areas of gastroenterology
EU Affairs, promoting research, prevention, early diagnosis and treatment of digestive diseases, and helping develop an effective health policy for Europe

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